## MENTAL HEALTH BILLING/VERIFICATION (B/V) ATTACHMENT FORM

CALIFORNIA VICTIM COMPENSATION BOARD BC-VOC-0101 (REV. 2/01)

PAGE OF	
FOR BOARD USE ONLY	

			_		-	FOR BOARD USE (	JNLY
VOC CLAIM NUMBER							
DATES OF SERVICE		RIPTION OF S	ERVICE FAMILY,	OTHER)	PROCEDURE CODE	SESSION LENGTH	BILLED AMOUNT
	□ IND	□ GRP	☐ FAM	☐ OTHER			
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		□ CPP					